

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212526676			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Norfolk Education Foundation</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: RICHARD E BENTLEY 800 E CITY HALL AVE NORFOLK, VA 23510</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: NORFOLK CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 6/30/2012</p> <p>SCC ID NO: 05798780</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
CLASS	AUTHORIZED				
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 800 EAST CITY HALL AVE 12TH FLOOR, ROOM 1203</p> <p style="text-align: center;">CITY/ST/ZIP: NORFOLK, VA 23510</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: CASSANDRA NEWBY-ALEXANDER TITLE: SECRETARY ADDRESS: 800 E CITY HALL AVE #1203 CITY/ST/ZIP/CO: NORFOLK, VA 23510 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: CASSANDRA NEWBY-ALEXANDER TITLE: SECRETARY ADDRESS: 800 E CITY HALL AVE #1203 CITY/ST/ZIP/CO: NORFOLK, VA 23510	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: KIM GEORGES TITLE: CHAIRMAN ADDRESS: 800 E CITY HALL AVE #1203 CITY/ST/ZIP/CO: NORFOLK, VA 23510	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			

NAME:	BARRY BISHOP	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	800 E CITY HALL AVE		
CITY/ST/ZIP/CO:	#1203 NORFOLK, VA 23510		
NAME:	VERNON FAREED	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	800 E CITY HALL AVE		
CITY/ST/ZIP/CO:	#1203 NORFOLK, VA 23510		
NAME:	ELIZABETH FRAIM	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	800 E CITY HALL AVE		
CITY/ST/ZIP/CO:	#1203 NORFOLK, VA 23510		
NAME:	BARBARA HAMM LEE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	800 E CITY HALL AVE		
CITY/ST/ZIP/CO:	#1203 NORFOLK, VA 23510		
NAME:	KIRK T HOUSTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	800 E CITY HALL AVE		
CITY/ST/ZIP/CO:	#1203 NORFOLK, VA 23510		
NAME:	STEPHEN C JONES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	800 E CITY HALL AVE		
CITY/ST/ZIP/CO:	#1203 NORFOLK, VA 23510		
NAME:	KENNETH NEWMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	800 E CITY HALL AVE		
CITY/ST/ZIP/CO:	#1203 NORFOLK, VA 23510		
NAME:	Martha Ambler	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	800 E CITY HALL AVE		
CITY/ST/ZIP/CO:	#1203 NORFOLK, VA 23510		
NAME:	Stephen Ballard	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	800 E CITY HALL AVE		
CITY/ST/ZIP/CO:	#1203 NORFOLK, VA 23510		
NAME:	Marian Flickinger	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	800 E CITY HALL AVE		
CITY/ST/ZIP/CO:	#1203 NORFOLK, VA 23510		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GLORIA HAGANS DIRECTOR 800 E CITY HALL AVE #1203 NORFOLK, VA 23510	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KERRY LAMBERT DIRECTOR 800 E CITY HALL AVE #1203 NORFOLK, VA 23510	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	URSULA RHODES DIRECTOR 800 E CITY HALL AVE #1203 NORFOLK, VA 23510	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LILLIAN P WRIGHT DIRECTOR 800 E CITY HALL AVE #1203 NORFOLK, VA 23510	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ CARLOS J CLANTON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CARLOS J CLANTON, EX DIR PRINTED NAME AND CORPORATE TITLE	7/17/2012 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			